Criteria for Use
Fondaparinux (Arixtra®)
VHA Pharmacy Benefits Management Strategic Healthcare Group and Medical Advisory Panel

The following recommendations are based on current medical evidence and expert opinion from clinicians. The content of the document is dynamic and will be revised as new clinical data becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. The clinician should utilize this guidance and interpret it in the clinical context of the individual patient situation.

Introduction

The use of antithrombotic agents such as low molecular weight heparin (LMWH) and unfractionated heparin (UFH) have decreased the incidence of venous thromboembolism (VTE) versus placebo for major orthopedic procedures from 14-22% in total hip replacement, 24-27% in hip fracture and 31-47% in total knee replacement. Additionally, the treatment of thromboembolism or pulmonary embolism has involved hospitalization, systemic anticoagulation and laboratory monitoring. Some patients may not be candidates for use of these therapies due to allergy or other factors.

Patient Selection

- Patient undergoing total knee replacement, total hip replacement, hip fracture repair, pulmonary embolism treatment or deep venous thrombosis treatment.

AND

- Patient with an allergy or HIT with documented antiplatelet antibody to LMWH (enoxaparin, dalteparin)

OR

- Patient with an allergy or HIT with documented antiplatelet antibody to UFH

Contraindications

- Patient with creatinine clearance < 30 ml/min
- Patient with weight <50 kg
- Evidence of active bleeding
- Bacterial endocarditis
- Thrombocytopenia with a positive test for antiplatelet antibody to fondaparinux
- Hypersensitivity to fondaparinux
- Epidural/spinal anesthesia

Dosing

- Fondaparinux 2.5 mg SQ daily, initiated 6 hours post operatively for thromboprophylaxis
- Fondaparinux weight adjusted dosing for thromboembolism treatment; 5.0 mg, 7.5 mg, 10 mg for body weights of <50 kg, 50-100 kg and >100 kg, respectively.
- Duration for thromboprophylaxis was up to 11 days. However, benefits of prolonged duration for VTE prophylaxis have been documented.
- Duration for thromboembolism treatment is at least 5 days and until oral anticoagulation is within the therapeutic range.
- If platelet counts fall below 100,000$mm^{3,}$ fondaparinux should be discontinued.
- Overdosage with fondaparinux is not reversible with protamine sulfate